

2008 Plan Design

Plan A			Plan B			Plan C		
Enrollment	35,552		Enrollment	423		Enrollment	170	
	Single	Family		Single	Family		Single	Family
Deductible	\$0	\$0	Deductible	\$0	\$0	Deductible	\$1,500	\$3,000
Coinsurance	10%	10%	Coinsurance	30%	30%	Coinsurance	20%	20%
Coinsurance Max	\$1,000	\$2,000	Coinsurance Max	\$2,200	\$4,400	Coinsurance Max	\$3,500	\$7,000
Total Deductible & Coinsurance	\$1,000	\$2,000	Total Deductible & Coinsurance	\$2,200	\$4,400	* Out-of-Pocket Max	\$5,000	\$10,000
Office Copay	Adult	Child	Office Copay	Adult	Child	Office Copay	Adult	Child
PCP	\$20	\$20	PCP	\$20	\$20	PCP	n/a	n/a
Specialist	\$40	\$40	Specialist	\$40	\$40	Specialist	n/a	n/a
Preventive care	Paid in full		Preventive Care	Paid in full		Preventive Care	First \$450 @ 100% then Ded/Coins	
ER Visit	\$100 Copay/Ded/Coins		ER Visit	\$100 Copay/Coins		ER Visit	Ded/Coins	
Drug OOP Max	\$2,580 per person (excludes non preferred drugs)		Drug OOP Max	\$2,580 per person (excludes non preferred drugs)		Drugs	Included in the medical out-of-pocket	

* Plan C - Office visits and prescription drugs subject to deductible, coinsurance/copays up to the plan out-of-pocket maximum.